 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	B. Received by Frinted Marne) D. Is delivery address different from item 17 Yes If YES, enter delivery address below:
	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Service Type Express Mail C.O.D. Yes
2. Article Number 7003 3110 (Transfer from service labs.,	0004 0799 1997 102595-02-M-1540

PS Form 3811, August 2001

Domestic Return Receipt